

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000542

FILED
Jan 24, 2007
Secretary of State

Entity Name: GREATER WORKS MINISTRIES OF WINTER HAVEN, INC.

Current Principal Place of Business:

1649 3RD STREET S.W.
WINTER HAVEN, FL 33880

New Principal Place of Business:

1649 3RD STREET S.W.
WINTER HAVEN, FL 33881

Current Mailing Address:

2160 HIGHLAND BLVD.
BARTOW, FL 33830

New Mailing Address:

FEI Number: 20-0520307 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HORNE, DARRELL
212 GRACE AVE.
DUNDEE, FL 33838 US

Name and Address of New Registered Agent:

HORNE, DARRELL
502 AVENUE G S.E.
WINTER HAVEN, FL 33880 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DARRELL J. HORNE

01/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALMAN, JOE N JR.
Address: 2160 HIGHLAND BLVD.
City-St-Zip: BARTOW, FL 33830

Title: VD () Delete
Name: HALMAN, DEBRA A
Address: 2160 HIGHLAND BLVD.
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: HORNE, DARRELL
Address: 212 GRACE AVE.
City-St-Zip: DUNDEE, FL 33838

Title: D () Delete
Name: COLEMAN, CLIFFORD JR.
Address: 1690 VARNER CT.
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: BEMBRY, ERIC
Address: 825 SUNSET AVE. DR.
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: HORNE, DARRELL
Address: 502 AVENUE G. SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL J. HORNE

T/D

01/24/2007

Electronic Signature of Signing Officer or Director

Date